

United States Bankruptcy Court EASTERN DISTRICT OF MISSOURI ST. LOUIS DIVISION				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Pashia, Anthony G.			Name of Joint Debtor (Spouse) (Last, First, Middle): Pashia, Robin E.		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): aka Tony G. Pashia			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): aka Robin E. Rohman; aka Robin E. Campbell		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-9221			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-3939		
Street Address of Debtor (No. and Street, City, and State): 5803A Hampton Avenue St. Louis, MO			Street Address of Joint Debtor (No. and Street, City, and State): 2845 Sulphur Avenue St. Louis, MO		
ZIP CODE 63109			ZIP CODE 63139		
County of Residence or of the Principal Place of Business: St. Louis City			County of Residence or of the Principal Place of Business: St. Louis City		
Mailing Address of Debtor (if different from street address): 5803A Hampton Avenue St. Louis, MO			Mailing Address of Joint Debtor (if different from street address): 2845 Sulphur Avenue St. Louis, MO		
ZIP CODE 63109			ZIP CODE 63139		
Location of Principal Assets of Business Debtor (if different from street address above): <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">ZIP CODE</div>					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <div style="margin-top: 10px;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div>	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Anthony G. Pashia Robin E. Pashia	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div> X <u>/s/ Randall T. Oettle</u> Randall T. Oettle </div> <div> <u>6/17/2014</u> Date </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: right; margin-right: 100px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right; margin-right: 100px; margin-top: 20px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Anthony G. Pashia**
Robin E. Pashia**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Anthony G. Pashia
Anthony G. Pashia**X** /s/ Robin E. Pashia
Robin E. Pashia

Telephone Number (If not represented by attorney)

6/17/2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ Randall T. Oettle
Randall T. OettleBar No. **46820****R.O.C. Law, Randall Oettle Company, P.C.**
12964 Tesson Ferry, Suite B
St. Louis, MO 63128Phone No. **(314) 843-0220** Fax No. **(314) 843-0048**6/17/2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual_____
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISIONIn re: **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Anthony G. Pashia
Anthony G. Pashia

Date: 6/17/2014

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISIONIn re: **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)

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- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

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☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Robin E. Pashia
Robin E. Pashia

Date: 6/17/2014

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
4729 Alexander Street, St. Louis, MO 63116 Debtor's deceased Mother's property. Debtor and his three (3) sisters jointly own this property. Home is likely worth approximately \$55,000.00, and after deducting costs of sale, probate costs, closing costs and broker fees, the debtor would have a 1/4 share in approximately \$45K, or \$11,250.00. However, the property has a tenant (no \$ to Debtor) and the remaining siblings do NOT intend to sell the property, such that Debtor would have to file a partition action to obtain an Order allowing a forced sale of the Property. The value of Debtor's share is diminished by these factors and is scheduled at \$6,250.00. Debtor's intent is to reside in this family home once he can qualify for a loan to buy out his siblings.	Residence	J	\$6,250.00	\$0.00
Total:			\$6,250.00	

(Report also on Summary of Schedules)

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash on person.	H	\$1.00
		Cash on person.	W	\$1.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Carrollton Bank - Checking Account	H	\$150.00
		Carrollton Bank - Savings Account	H	\$100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		K&J Reality Company is holding a security deposit in the amount of \$500.00. Debtor is unaware what portion, if any, will be refunded upon moving out of the apartment. Debtor does not expect to move in the near future.	H	\$1.00
4. Household goods and furnishings, including audio, video and computer equipment.		One bedroom, one bathroom rental apartment. Debtor describes his household goods and furnishings as average quantity and average quality.	H	\$600.00
		Bedroom set.	W	\$200.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Debtor describes his wearing apparel as average quantity and average quality.	H	\$200.00
		Co-Debtor describes her wearing apparel as average quantity and average quality.	W	\$100.00
7. Furs and jewelry.		Costume jewelry.	W	\$100.00

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.		Fishing poles.	H	\$10.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Debtor has a 401K through his former employer with approximately \$45,000.00. Debtor cannot withdraw these funds prior to retirement without incurring penalties and costs.	H	\$45,000.00
		Co-Debtor has a 401K through her former employer with approximately \$100.00. Debtor cannot withdraw these funds prior to retirement without incurring penalties and costs. Debtor cannot recall the last time she received a statement and this account could be closed.	W	\$100.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.		Debtor filed 2013 taxes and received \$705.00 from federal and \$221.00 from state. These funds were spent on attorney fees and monthly expenses.	H	\$0.00
		Co-Debtor has not yet filed her 2012 and 2013 tax returns, both federal and state. Co-Debtor believes she might be entitled to a slight refund for 2012 taxes but does not believe she had significant income to expect a refund for 2013 taxes.	W	\$1,000.00
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Debtor is unaware of any civil claim for personal injury, worker compensation, property damage, exposure, legal, medical or financial malpractice/malfeasance, class action claim, employment or discrimination claim, or any other potential right to recover monetary sum from a second or	H	\$0.00

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		third party. Debtor retains the right to assert any such claim and amend her/his Schedule B, accordingly, in the event such claim is discovered or disclosed to Debtor.		
		Co-Debtor is unaware of any civil claim for personal injury, worker compensation, property damage, exposure, legal, medical or financial malpractice/malfeasance, class action claim, employment or discrimination claim, or any other potential right to recover monetary sum from a second or third party. Debtor retains the right to assert any such claim and amend her/his Schedule B, accordingly, in the event such claim is discovered or disclosed to Debtor.	W	\$0.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1998 Ford Ranger - 107,000 miles	H	\$1,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="text-align: right;"> Total > </div>				\$49,063.00

4 continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
4729 Alexander Street, St. Louis, MO 63116 Debtor's deceased Mother's property. Debtor and his three (3) sisters jointly own this property. Home is likely worth approximately \$55,000.00, and after deducting costs of sale, probate costs, closing costs and broker fees, the debtor would have a 1/4 share in approximately \$45K, or \$11,250.00. However, the property has a tenant (no \$ to Debtor) and the remaining siblings do NOT intend to sell the property, such that Debtor would have to file a partition action to obtain an Order allowing a forced sale of the Property. The value of Debtor's share is diminished by these factors and is scheduled at \$6,250.00. Debtor's intent is to reside in this family home once he can qualify for a loan to buy out his siblings.	Mo. Rev. Stat. § 513.475	\$6,250.00	\$6,250.00
	Mo. Rev. Stat. § 513.440	\$1,250.00	
	Mo. Rev. Stat. § 513.430.1(3)	\$350.00	
Cash on person.	Mo. Rev. Stat. § 513.430.1(3)	\$1.00	\$1.00
Cash on person.	Mo. Rev. Stat. § 513.430.1(3)	\$1.00	\$1.00
Carrollton Bank - Checking Account	Mo. Rev. Stat. § 513.430.1(3)	\$150.00	\$150.00
Carrollton Bank - Savings Account	Mo. Rev. Stat. § 513.430.1(3)	\$98.00	\$100.00
K&J Reality Company is holding a security deposit in the amount of \$500.00. Debtor is unaware what portion, if any, will be refunded	Mo. Rev. Stat. § 513.430.1(3)	\$0.00	\$1.00
		\$8,100.00	\$6,503.00

* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 1

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
upon moving out of the apartment. Debtor does not expect to move in the near future.			
One bedroom, one bathroom rental apartment.	Mo. Rev. Stat. § 513.430.1(1)	\$600.00	\$600.00
Debtor describes his household goods and furnishings as average quantity and average quality.			
Bedroom set.	Mo. Rev. Stat. § 513.430.1(1)	\$200.00	\$200.00
Debtor describes his wearing apparel as average quantity and average quality.	Mo. Rev. Stat. § 513.430.1(1)	\$200.00	\$200.00
Co-Debtor describes her wearing apparel as average quantity and average quality.	Mo. Rev. Stat. § 513.430.1(1)	\$100.00	\$100.00
Costume jewelry.	Mo. Rev. Stat. § 513.430.1(2)	\$100.00	\$100.00
Fishing poles.	Mo. Rev. Stat. § 513.430.1(1)	\$10.00	\$10.00
Debtor has a 401K through his former employer with approximately \$45,000.00. Debtor cannot withdraw these funds prior to retirement without incurring penalties and costs.	Mo. Rev. Stat. § 513.430.1(10)(f)	\$45,000.00	\$45,000.00
Co-Debtor has a 401K through her former employer with approximately \$100.00. Debtor cannot withdraw these funds prior to retirement without incurring penalties and costs. Debtor cannot recall the last time she received a statement and this account could be closed.	Mo. Rev. Stat. § 513.430.1(10)(f)	\$100.00	\$100.00
Co-Debtor has not yet filed her 2012 and 2013 tax returns, both federal and state. Co-Debtor believes she might be entitled to a slight refund for 2012 taxes but does not believe she had	Mo. Rev. Stat. § 513.430.1(3)	\$600.00	\$1,000.00
		\$55,010.00	\$53,813.00

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 2

[illegible]

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: None	J	DATE INCURRED: NATURE OF LIEN: None COLLATERAL: None REMARKS:				\$0.00	
None		VALUE: \$0.00					
Subtotal (Total of this Page) >						\$0.00	\$0.00
Total (Use only on last page) >						\$0.00	\$0.00

 No continuation sheets attached(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
- ☐ **Administrative allowances under 11 U.S.C. Sec. 330**
Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

B6E (Official Form 6E) (04/13) - Cont.

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: xxx-xx-9221 IRS P.O. Box 7346 Philadelphia, PA 19101-7346	H	DATE INCURRED: CONSIDERATION: Federal Income Taxes REMARKS:		Notice Only	Notice Only	Notice Only
ACCT #: xxx-xx-3939 IRS P.O. Box 7346 Philadelphia, PA 19101-7346	W	DATE INCURRED: CONSIDERATION: Federal Income Taxes REMARKS:		Notice Only	Notice Only	Notice Only
ACCT #: xxx-xx-9221 Missouri Department of Revenue Division of Taxation P.O. Box 385 Jefferson City, MO 65105-0385	H	DATE INCURRED: CONSIDERATION: Missouri Income Taxes REMARKS:		Notice Only	Notice Only	Notice Only
ACCT #: xxx-xx-3939 Missouri Department of Revenue Division of Taxation P.O. Box 385 Jefferson City, MO 65105-0385	W	DATE INCURRED: CONSIDERATION: Missouri Income Taxes REMARKS:		Notice Only	Notice Only	Notice Only
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				Subtotals (Totals of this page) >	\$0.00	\$0.00
				Total >	\$0.00	
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						
				Totals >		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)					\$0.00	\$0.00

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx19-44 ACS Recovery Services P.O. Box 4003 Schaumburg, IL 60168-4003	W	DATE INCURRED: 07/2013 CONSIDERATION: Collecting for Centerpointe Hospital REMARKS:				Notice Only
ACCT #: xxxxxx0151 Ameren Missouri PO Box 66529 St. Louis, MO 63166	W	DATE INCURRED: 2013 CONSIDERATION: Utility Service REMARKS:				\$596.53
ACCT #: xxxx3266 AT&T P.O. Box 930170 Dallas TX, 75393	H	DATE INCURRED: 12/2013 CONSIDERATION: Telephone Services REMARKS:				\$136.00
ACCT #: xxxx9053 AT&T P.O. Box 930170 Dallas TX, 75393	H	DATE INCURRED: 2012 CONSIDERATION: Telephone Services REMARKS:				\$160.00
ACCT #: xxxxxx0091 AT&T P.O. Box 930170 Dallas TX, 75393	W	DATE INCURRED: 03/2014 CONSIDERATION: Telephone Services REMARKS:				\$146.00
ACCT #: xxxx2131 AT&T Wireless P.O. Box 8229 Aurora, IL 60572-8229	W	DATE INCURRED: 01/2014 CONSIDERATION: Cellular Services REMARKS:				\$1,040.00
Subtotal >						\$2,078.53
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx3604 Barnes Jewish Hospital PO Box 954540 St. Louis, MO 63195-4540	W	DATE INCURRED: 10/2013 CONSIDERATION: Medical Services REMARKS:				\$110.00
ACCT #: xxx9959 Bellevue Radiology, Inc. P.O. Box 11850 St. Louis, MO 63105-0650	W	DATE INCURRED: 03/2013 CONSIDERATION: Medical Services REMARKS:				\$126.00
ACCT #: xxxxxxxxxxxx8650 Bmo Harris Bank Po Box 1111 Madison, WI 53701	J	DATE INCURRED: 03/2004 CONSIDERATION: Credit Card REMARKS:				\$4,466.00
ACCT #: xxxx1513 Cable America 11422 Schenk Dr Maryland Heights, MO 63043-3417	W	DATE INCURRED: 2014 CONSIDERATION: Cable Services REMARKS:				\$309.00
ACCT #: xxx4002 CenterPointe Hospital 4801 Weldon Spring Parkway St. Charles, MO 63304-9101	W	DATE INCURRED: 11/2012 CONSIDERATION: Medical Services REMARKS:				\$390.00
ACCT #: xxx0809 CenterPointe Hospital 4801 Weldon Spring Parkway St. Charles, MO 63304-9101	W	DATE INCURRED: 10/2012 CONSIDERATION: Medical Services REMARKS:				\$930.00

Sheet no. 1 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$6,331.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx6910 Chase - Cc Po Box 15298 Wilmington, DE 19850	W	DATE INCURRED: 07/1997 CONSIDERATION: Charge Account REMARKS:				\$2.00
ACCT #: xxx9959 Consumer Collection Mn Pob 1839 Maryland Heigh, MO 63043	W	DATE INCURRED: 03/2013 CONSIDERATION: Collecting for Bellevue Radiology Inc. REMARKS:				Notice Only
ACCT #: xxx8477 Consumer Collection Mn Pob 1839 Maryland Heigh, MO 63043	W	DATE INCURRED: 10/2012 CONSIDERATION: Collecting for Michael A. Berk MD REMARKS:				Notice Only
ACCT #: xxxx1513 Credit Coll Po Box 9133 Needham, MA 02494	W	DATE INCURRED: CONSIDERATION: Collecting for Cable America REMARKS:				Notice Only
ACCT #: xxxxxxxxxxxx4501 Dish Network Dept. 0063 Palatine, IL 60055-0063	H	DATE INCURRED: 2013 CONSIDERATION: Cable Services REMARKS:				\$226.27
ACCT #: xxxx2131 Diversified Consultant P O Box 551268 Jacksonville, FL 32255	W	DATE INCURRED: 01/2014 CONSIDERATION: Collecting for AT&T Wireless REMARKS:				Notice Only

Sheet no. 2 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$228.27

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx0890 Enhanced Recovery Company, LLC 8014 Bayberry Road Jacksonville, FL 32256-7412	H	DATE INCURRED: 04/2013 CONSIDERATION: Collecting for Dish Network REMARKS:				Notice Only
ACCT #: xxxx3266 Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256	H	DATE INCURRED: 12/2013 CONSIDERATION: Collecting for AT&T REMARKS:				Notice Only
ACCT #: xxxx-xxx4842 Faber and Brand P.O. Box 10110 Columbia, MO 65205	W	DATE INCURRED: 02/2014 CONSIDERATION: Attorney for Centerpointe Hospital REMARKS: 14SL-AC04842				Notice Only
ACCT #: xxxx3604 Firstsource Advantage 7650 Magna Dr Belleville, IL 62223	W	DATE INCURRED: 10/2013 CONSIDERATION: Collecting for Barnes Jewish Hospital REMARKS:				Notice Only
ACCT #: xxxxxx0091 Franklin Collection Sv 2978 W Jackson St Tupelo, MS 38801	W	DATE INCURRED: 03/2014 CONSIDERATION: Collecting for AT&T REMARKS:				Notice Only
ACCT #: xxx-xx-3939 Loretta Campbell 3928 Centreville Avenue Belleville, IL 62223	W	DATE INCURRED: 2012 CONSIDERATION: Personal Loan REMARKS:				\$20,000.00

Sheet no. 3 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$20,000.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx6795 Mca Mgmnt Co Po Box 480 High Ridge, MO 63049	W	DATE INCURRED: CONSIDERATION: Collecting for Schnucks Markets REMARKS:		Notice Only
ACCT #: xxxxxxxx6806 Mca Mgmnt Co Po Box 480 High Ridge, MO 63049	W	DATE INCURRED: CONSIDERATION: Collecting for Schnucks Markets REMARKS:		Notice Only
ACCT #: xxxxx1012 Medicredit Inc. P.O. Box 411187 St. Louis, MO 63141-3187	W	DATE INCURRED: 05/2014 CONSIDERATION: Collecting for Ameren Missouri REMARKS:		Notice Only
ACCT #: xxx8477 Michael A. Berk MD	W	DATE INCURRED: 10/2012 CONSIDERATION: Medical Services REMARKS:		\$90.00
ACCT #: xxxx3754 Nco Fin/55 Pob 15270 Wilmington, DE 19850	W	DATE INCURRED: 05/2013 CONSIDERATION: Collecting for St. Mary's Hospital Physician Billi REMARKS:		Notice Only
ACCT #: xxxx8503 Reg Adj Bur 1900 Charles Bryan Cordova, TN 38016	H	DATE INCURRED: CONSIDERATION: Collecting for United Guaranty 1st Lien REMARKS:		Notice Only

Sheet no. 4 of 5 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$90.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCT #: xxxxxxxx6795 Schnucks P.O. Box 28429 St. Louis, MO 63146	W	DATE INCURRED: 2014 CONSIDERATION: Check Fee REMARKS:				\$103.00	
ACCT #: xxxxxxxx6806 Schnucks P.O. Box 28429 St. Louis, MO 63146	W	DATE INCURRED: 2014 CONSIDERATION: Check Fee REMARKS:				\$75.00	
ACCT #: xxxx9053 Southwest Credit Syste 4120 International Parkway Suite 1100 Carrollton, TX 75007	H	DATE INCURRED: CONSIDERATION: Collecting for AT&T REMARKS:				Notice Only	
ACCT #: xxxxxxxx0B32 St Louis Teachers Cu 3651 Forest Park St Louis, MO 63108	J	DATE INCURRED: 10/2010 CONSIDERATION: Automobile REMARKS: This vehicle was repossessed in May 2013. The amount listed is for the deficiency of the vehicle.				\$12,000.00	
ACCT #: xxxx3754 St. Marys HC PHY Billing PO Box 503945 St. louis, MO 63150	W	DATE INCURRED: 05/2013 CONSIDERATION: Medical Services REMARKS:				\$61.00	
ACCT #: xxxx8503 United Guaranty Residential Insuranc 230 N. Elm St. Greensboro, NC 27401	H	DATE INCURRED: 2006 CONSIDERATION: Mortgage REMARKS: This property was foreclosed on in September 2012.				\$55,222.00	
Sheet no. <u>5</u> of <u>5</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >	\$67,461.00
						Total >	\$96,188.80

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p>Dish Network Dept. 0063 Palatine, IL 60055-0063</p> <p>Verizon P.O. Box 790406 St. Louis, MO 63179-0406</p>	<p>Two year agreement for cable services. Contract to be ASSUMED</p> <p>Two year agreement for cellular services. Contract to be ASSUMED</p>

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Anthony	G.	Pashia
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Robin	E.	Pashia
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6l**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Security Officer****Employer's name****Securitas Security Services USA, Inc.****Employer's address****326 South 21st Street**

Number Street

5th Floor**Debtor 2 or non-filing spouse**

- ☐ Employed
☒ Not employed

Unemployed**St. Louis**

City

MO 63103

State Zip Code

City

State Zip Code

How long employed there? **11 Months****1 Year****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$1,820.00	\$0.00
3. Estimate and list monthly overtime pay.	\$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$1,820.00	\$0.00

Debtor 1 **Anthony** **G.** **Pashia** Case number (if known) _____
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$1,820.00	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$340.70	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: City Taxes	5h. + \$19.91	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$360.61	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,459.39	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: Contribution from Boyfriend and Side Job	8h. + \$0.00	\$400.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$400.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$1,459.39	\$400.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$1,859.39	\$1,859.39 Combined monthly income

Debtor 1 **Anthony** **G.** **Pashia** Case number (if known) _____
First Name Middle Name Last Name

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

None

☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1	Anthony	G.	Pashia
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Robin	E.	Pashia
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☒ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No☐ Yes. Fill out this information for each dependent.....**Dependent's relationship to Debtor 1 or Debtor 2****Dependent's age****Does dependent live with you?**

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$500.00**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____

4b. _____

4c. _____

4d. _____

Debtor 1 **Anthony** **G.** **Pashia** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$160.00</u>
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$65.00</u>
6d. Other. Specify: <u>Cellular Services</u>	6d.	<u>\$200.00</u>
7. Food and housekeeping supplies	7.	<u>\$200.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$30.00</u>
10. Personal care products and services	10.	<u>\$50.00</u>
11. Medical and dental expenses	11.	<u>\$75.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$200.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$100.00</u>
14. Charitable contributions and religious donations	14.	<u>\$5.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$95.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Personal Property Taxes</u>	16.	<u>\$6.25</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Anthony** **G.** **Pashia** Case number (if known) _____
 First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. Your monthly expenses. Add lines 4 through 21.
 The result is your monthly expenses. 22. **\$1,686.25**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. **\$1,859.39**

23b. Copy your monthly expenses from line 22 above. 23b. **\$2,201.25**

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income. 23c. **(\$341.86)**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

None

Fill in this information to identify your case:

Debtor 1	Anthony	G.	Pashia
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Robin	E.	Pashia
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
- ☒ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☒ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No☐ Yes. Fill out this information for each dependent.....**Dependent's relationship to Debtor 1 or Debtor 2****Dependent's age****Does dependent live with you?**

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.

4. _____

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____

4b. _____

4c. _____

4d. _____

Debtor 1 **Anthony** **G.** **Pashia** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	_____
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	_____
6d. Other. Specify: Cellular Services	6d.	\$40.00
7. Food and housekeeping supplies	7.	\$200.00
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	\$25.00
10. Personal care products and services	10.	\$50.00
11. Medical and dental expenses	11.	_____
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	_____
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Anthony** **G.** **Pashia** Case number (if known) _____
First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. Your monthly expenses. Add lines 4 through 21.
The result is your monthly expenses. 22.

\$515.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. _____

23b. Copy your monthly expenses from line 22 above. 23b. - _____

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. 23c.

--

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Co-Debtor anticipates her monthly income to increase due to seeking full time employment.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION**

In re **Anthony G. Pashia**
Robin E. Pashia

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$6,250.00		
B - Personal Property	Yes	5	\$49,063.00		
C - Property Claimed as Exempt	Yes	3			
D - Creditors Holding Secured Claims	Yes	1			\$0.00
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			\$0.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6			\$96,188.80
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			
J - Current Expenditures of Individual Debtor(s)	Yes	6			
TOTAL		29	\$55,313.00	\$96,188.80	

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION**

In re **Anthony G. Pashia**
Robin E. Pashia

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$1,859.39
Average Expenses (from Schedule J, Line 22)	\$2,201.25
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$2,817.37

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$96,188.80
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$96,188.80

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 31 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 6/17/2014

Signature /s/ Anthony G. Pashia
Anthony G. Pashia

Date 6/17/2014

Signature /s/ Robin E. Pashia
Robin E. Pashia

[If joint case, both spouses must sign.]

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$12,422.18	Debtor's gross income, year to date, for 2014.
\$13,748.00	Debtor's gross income for 2013.
\$10,738.00	Debtor's gross income for 2012.
\$0.00	Co-Debtor's gross income, year to date, for 2014.
\$30,000.00	Co-Debtor's gross income for 2013.
\$50,000.00	Co-Debtor's gross income for 2012.

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$0.00	Debtor's gross Unemployment income, year to date, for 2014.
\$1,216.00	Debtor's gross Unemployment income for 2013.
\$13,760.00	Debtor's gross Unemployment income for 2012.
\$2,000.00	Co-Debtor's gross Contribution and Side Job income, year to date for 2014.
\$2,000.00	Co-Debtor's gross Contribution and Side Job income for 2013.
\$0.00	Co-Debtor's gross Contribution and Side Job income for 2012.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None



a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
K&J Reality - Landlord	Regular routine payments for March 2014, April 2014, and May 2014.	\$1,500.00	
Verizon Wireless 1515 Woodfield Rd., Ste. 140 Schaumburg, IL 60173	Regular routine payments for March 2014, April 2014, and May 2014.	\$600.00	
St. Louis City Collector's Office Attn. Ronald A. Leggett P.O. Box 66787 St. Louis, MO 63166	march 2014-- Personal Property Tax	\$1,000.00	\$0.00

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None



c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Centerpointe Hospital v. Robin Pashia 14SL-AC04842	AC Contract/Account (Bulk)	St. Louis County Circuit Court	Not Disposed

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

Anthony G. Pashia v. Robin E. Pashia
1222-FC03739

FC Dissolution w/o Children

St. Louis City Circuit Court

Not Disposed

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None



List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None



List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE
R.O.C. Law
12694 Tesson Ferry Road
Suite B
St. Louis, MO 63128

DATE OF PAYMENT,
NAME OF PAYER IF
OTHER THAN DEBTOR
June 2014

AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY
\$1050.00 Attorney Fees

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None



11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None



If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

2639 Pearl
St. Louis, MO 63139

NAME USED

Anthony G. Pashia

DATES OF OCCUPANCY

2007 - 2011

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or
☒ potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.
☒ Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is
☒ or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending
☒ dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.
☒

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISIONIn re: **Anthony G. Pashia**
Robin E. PashiaCase No. _____
(if known)**STATEMENT OF FINANCIAL AFFAIRS***Continuation Sheet No. 5*

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re: **Anthony G. Pashia**
Robin E. Pashia

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 6

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 6/17/2014

Signature /s/ Anthony G. Pashia
of Debtor Anthony G. Pashia

Date 6/17/2014

Signature /s/ Robin E. Pashia
of Joint Debtor Robin E. Pashia
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571*

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

IN RE: **Anthony G. Pashia**
Robin E. Pashia

CASE NO

CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: None	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Dish Network Dept. 0063 Palatine, IL 60055-0063	Describe Leased Property: Two year agreement for cable services.	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Property No. 2		
Lessor's Name: Verizon P.O. Box 790406 St. Louis, MO 63179-0406	Describe Leased Property: Two year agreement for cellular services.	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION**

IN RE: **Anthony G. Pashia**
Robin E. Pashia

CASE NO

CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 1

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 6/17/2014

Signature /s/ Anthony G. Pashia
Anthony G. Pashia

Date 6/17/2014

Signature /s/ Robin E. Pashia
Robin E. Pashia

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re **Anthony G. Pashia**
Robin E. Pashia

Case No. _____

Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Anthony G. Pashia**Robin E. Pashia**

Printed Name(s) of Debtor(s)

Case No. (if known) _____

X **/s/ Anthony G. Pashia**

Signature of Debtor

6/17/2014

Date

X **/s/ Robin E. Pashia**

Signature of Joint Debtor (if any)

6/17/2014

Date

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, **Randall T. Oettle**, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Randall T. Oettle

Randall T. Oettle, Attorney for Debtor(s)

Bar No.: 46820

R.O.C. Law, Randall Oettle Company, P.C.

12964 Tesson Ferry, Suite B

St. Louis, MO 63128

Phone: (314) 843-0220

Fax: (314) 843-0048

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income
(\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

IN RE: **Anthony G. Pashia**
Robin E. Pashia

CASE NO

CHAPTER 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:

\$1,050.00

Prior to the filing of this statement I have received:

\$1,050.00

Balance Due:

\$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

6/17/2014

Date

/s/ Randall T. Oettle

Randall T. Oettle

R.O.C. Law, Randall Oettle Company, P.C.

12964 Tesson Ferry, Suite B

St. Louis, MO 63128

Phone: (314) 843-0220 / Fax: (314) 843-0048

Bar No. 46820

/s/ Anthony G. Pashia

Anthony G. Pashia

/s/ Robin E. Pashia

Robin E. Pashia

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

IN RE: **Anthony G. Pashia**
Robin E. Pashia

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/17/2014

Signature /s/ Anthony G. Pashia
Anthony G. Pashia

Date 6/17/2014

Signature /s/ Robin E. Pashia
Robin E. Pashia

ACS Recovery Services
P.O. Box 4003
Schaumburg, IL 60168-4003

Ameren Missouri
PO Box 66529
St. Louis, MO 63166

AT&T
P.O. Box 930170
Dallas TX, 75393

AT&T Wireless
P.O. Box 8229
Aurora, IL 60572-8229

Barnes Jewish Hospital
PO Box 954540
St. Louis, MO 63195-4540

Bellevue Radiology, Inc.
P.O. Box 11850
St. Louis, MO 63105-0650

Bmo Harris Bank
Po Box 1111
Madison, WI 53701

Cable America
11422 Schenk Dr
Maryland Heights, MO 63043-3417

CenterPointe Hospital
4801 Weldon Spring Parkway
St. Charles, MO 63304-9101

Chase - Cc
Po Box 15298
Wilmington, DE 19850

Consumer Collection Mn
Pob 1839
Maryland Heigh, MO 63043

Credit Coll
Po Box 9133
Needham, MA 02494

Dish Network
Dept. 0063
Palatine, IL 60055-0063

Diversified Consultant
P O Box 551268
Jacksonville, FL 32255

Enhanced Recovery Company, LLC
8014 Bayberry Road
Jacksonville, FL 32256-7412

Enhanced Recovery Corp
Attention: Client Services
8014 Bayberry Rd
Jacksonville, FL 32256

Faber and Brand
P.O. Box 10110
Columbia, MO 65205

Firstsource Advantage
7650 Magna Dr
Belleville, IL 62223

Franklin Collection Sv
2978 W Jackson St
Tupelo, MS 38801

IRS
P.O. Box 7346
Philadelphia, PA 19101-7346

Loretta Campbell
3928 Centreville Avenue
Belleville, IL 62223

Mca Mgmnt Co
Po Box 480
High Ridge, MO 63049

Medicredit Inc.
P.O. Box 411187
St. Louis, MO 63141-3187

Michael A. Berk MD

Missouri Department of Revenue
Division of Taxation
P.O. Box 385
Jefferson City, MO 65105-0385

Nco Fin/55
Pob 15270
Wilmington, DE 19850

None

Reg Adj Bur
1900 Charles Bryan
Cordova, TN 38016

Schnucks
P.O. Box 28429
St. Louis, MO 63146

Southwest Credit Syste
4120 International Parkway Suite 1100
Carrollton, TX 75007

St Louis Teachers Cu
3651 Forest Park
St Louis, MO 63108

St. Marys HC PHY Billing
PO Box 503945
St. louis, MO 63150

United Guaranty Residential Insuranc
230 N. Elm St.
Greensboro, NC 27401

Verizon
P.O. Box 790406
St. Louis, MO 63179-0406

B22A (Official Form 22A) (Chapter 7) (04/13)

Pg 58 of 65

In re: **Anthony G. Pashia**
Robin E. Pashia

Case Number:

According to the information required to be entered on this statement
(check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
- ☒ The presumption does not arise.
- ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 80px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="margin-left: 80px;">OR</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."</p> <p>Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above.</p> <p>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>	<p>Column A</p> <p>Debtor's Income</p>	<p>Column B</p> <p>Spouse's Income</p>												
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$2,417.37	\$0.00												
4	<p>Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" data-bbox="199 869 1151 995"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$0.00	\$0.00	b.	Ordinary and necessary business expenses	\$0.00	\$0.00	c.	Business income	Subtract Line b from Line a		\$0.00	\$0.00
a.	Gross receipts	\$0.00	\$0.00												
b.	Ordinary and necessary business expenses	\$0.00	\$0.00												
c.	Business income	Subtract Line b from Line a													
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" data-bbox="199 1110 1151 1226"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$0.00	\$0.00	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00	c.	Rent and other real property income	Subtract Line b from Line a		\$0.00	\$0.00
a.	Gross receipts	\$0.00	\$0.00												
b.	Ordinary and necessary operating expenses	\$0.00	\$0.00												
c.	Rent and other real property income	Subtract Line b from Line a													
6	Interest, dividends, and royalties.	\$0.00	\$0.00												
7	Pension and retirement income.	\$0.00	\$0.00												
8	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>	\$0.00	\$0.00												
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" data-bbox="199 1635 1167 1719"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$0.00</td> <td>Spouse \$0.00</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse \$0.00	\$0.00	\$0.00									
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse \$0.00													

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	<table border="1"> <tr> <td>a.</td> <td>Contribution and Side Jobs</td> <td>\$400.00</td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> </table>	a.	Contribution and Side Jobs	\$400.00	b.				
a.	Contribution and Side Jobs	\$400.00							
b.									
	Total and enter on Line 10	\$0.00	\$400.00						
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$2,417.37	\$400.00						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$2,817.37							

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$33,808.44
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Missouri</u> b. Enter debtor's household size: <u>2</u>	\$52,174.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.										
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.										
	<table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table>	a.			b.			c.			
a.											
b.											
c.											
	Total and enter on Line 17.										
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.										

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	
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19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left; padding: 2px;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a1.</td> <td style="width: 65%; padding: 2px;">Allowance per person</td> <td style="width: 30%;"></td> <td style="width: 5%; text-align: center; padding: 2px;">a2.</td> <td style="width: 65%; padding: 2px;">Allowance per person</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">b1.</td> <td style="padding: 2px;">Number of persons</td> <td></td> <td style="text-align: center; padding: 2px;">b2.</td> <td style="padding: 2px;">Number of persons</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 2px;">c1.</td> <td style="padding: 2px;">Subtotal</td> <td></td> <td style="text-align: center; padding: 2px;">c2.</td> <td style="padding: 2px;">Subtotal</td> <td></td> </tr> </tbody> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal		
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>																									
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a.</td> <td style="width: 65%; padding: 2px;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">b.</td> <td style="padding: 2px;">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 2px;">c.</td> <td style="padding: 2px;">Net mortgage/rental expense</td> <td style="padding: 2px;">Subtract Line b from Line a.</td> </tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense		b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42		c.	Net mortgage/rental expense	Subtract Line b from Line a.																
a.	IRS Housing and Utilities Standards; mortgage/rental expense																									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42																									
c.	Net mortgage/rental expense	Subtract Line b from Line a.																								
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>																									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>																									

22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.		
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 44.		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34.		

32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.										
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.										
<p align="center">Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32</p>											
34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td></td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td></td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 34</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance		b.	Disability Insurance		c.	Health Savings Account		
a.	Health Insurance										
b.	Disability Insurance										
c.	Health Savings Account										
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.										
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.										
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.										
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).										
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.										

* Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.			
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
	a.			<input type="checkbox"/> yes <input type="checkbox"/> no
	b.			<input type="checkbox"/> yes <input type="checkbox"/> no
	c.			<input type="checkbox"/> yes <input type="checkbox"/> no
			Total: Add Lines a, b and c.	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a.			
	b.			
	c.			
			Total: Add Lines a, b and c	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.			
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly chapter 13 plan payment.		
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		%
	c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			
Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.			

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	
52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

Part VII: ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	
	b.	
	c.	
	Total: Add Lines a, b, and c	

Part VIII: VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>6/17/2014</u>	Signature: <u>/s/ Anthony G. Pashia</u> Anthony G. Pashia
	Date: <u>6/17/2014</u>	Signature: <u>/s/ Robin E. Pashia</u> Robin E. Pashia

* Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.